

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ANAL HYGIENIC PAD AND METHOD OF USE, the specification of which

- is attached hereto.
- was filed on February 17, 2004 as United States Patent Application No. 10/781,043.
- was described and claimed in PCT International Application No. _____, filed on _____, and as amended under PCT Articles 19 on _____ (if applicable).
- and was amended on _____ (if applicable).
- with amendments through _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56. If this is a continuation-in-part application filed under the conditions specified in 35 U.S.C. § 120 which discloses claims and subject matter in addition to that disclosed in the prior copending application, I further acknowledge the duty to disclose material information as defined in 37 C.F.R. § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications(s) on which priority is claimed:

Number	Country	Day/Month/Year Filed	Claim Priority?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number

Filing Date

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT international application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Filing Date	Status: patented, pending, abandoned
--------------------	-------------	--------------------------------------

I hereby appoint the practitioners associated with the customer number provided below to prosecute this application, to file a corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number 24197

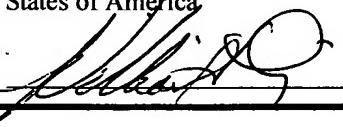
I hereby grant the law firm of Klarquist Sparkman, LLP, the power to insert on this Combined Declaration and Power of Attorney any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for submitting this document.

Address all telephone calls to William D. Noonan M.D. at telephone number (503) 226-7391.

Address all correspondence to the address associated with **Customer Number 24197**, which address is:

Klarquist Sparkman, LLP
121 S.W. Salmon Street, Suite 1600
Portland, OR 97204

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of First or Sole Inventor:	William H. Fleming
Residence:	Tualatin, Oregon
Mailing Address:	10002 SW Killarney Lane, Tualatin, Oregon 97062-9568
Citizenship:	United States of America
Inventor's Signature	
Date	